

PART 1: ELIGIBILITY CONFIRMATION

The Fund is only available to Eligible Investors. Further detail is provided in the IM.

Select ONE option to indicate Eligibility and complete Part 2 or 3 if applicable.

- I have been certified as an Eligible Investor by AFM in the past two years
- I am investing at least \$500,000
- I meet the net assets or gross income test. You must have your accountant complete Part 2 below or attach an Accountant's Certificate prepared in accordance with Section 761G (7) of the Corporations Act 2001.
- I am a Sophisticated Investor as defined by Section 761GA of the Corporations Act. An Australian financial services licensee must complete Part 3 below.
- I am a professional investor under Section 761G (7) (d) of the Corporations Act.

Type of professional investor:

PART 2: ACCOUNTANTS CERTIFICATE – GIVEN UNDER S761G (7) OF THE CORPORATIONS ACT

If you chose the third option in Part 1 above, this Part must be completed by a Qualified Accountant

I, (Name of accountant) of (Address)
 (Suburb) (State) (Postcode)

being a qualified Accountant* certify that

- has net assets[^] in excess of \$2.5 million, or
- had a gross income[^] in excess of \$250,000 per annum for each of the last two financial years.

I belong to: (Name of professional body e.g. CPA Australia, ICAA, NIA)

My membership number from this professional body is: (Insert details e.g. CPA, CA or PNA)

Signed:

Date certificate issued: / /

[^] The net assets or gross income of the investor include:

- the assets or income of controlled trusts or companies; and/or
- the assets or income of a person who controls the investor (where the proposed investor is a company or trust).

When determining the net assets or gross income of a person who controls a corporate or trust investor, the net assets or gross income of any other company or trust controlled by that person may be included.
 For the purposes of this Accountant's Certificate, the term 'control' is defined in section 50AA of the Corporations Act.

* Qualified accountant means any member of:

- Australian Certified Practising Accountants (CPA) who is entitled to use the post nominals 'CPA' or 'FCPA';
- Institute of Chartered Accountants in Australia (ICAA) who is entitled to use the post-nominals 'CA', 'ACA' or 'FCA';
- Accountants belonging to certain foreign bodies who have at least three years' experience in accounting or auditing and are providing this certificate to a person who is a resident in the same country.

PART 3: SOPHISTICATED INVESTOR SECTION 761GA OF THE CORPORATIONS ACT

If you chose the fourth option in Part 1 above, your financial adviser or another AFS licensee must complete this Part. If your financial adviser completes this Part, they must also complete the adviser details section of the Application Form. If you believe you meet the criteria but do not have a financial adviser, call us on 1300 233 583 to discuss.

Financial services licensee to complete this section

I am the financial services licensee no. or an authorised representative (no.) of financial services licensee no. and certify that the following is true and correct:

The offer of units to the investor is made through me. I am satisfied on reasonable grounds that the investor has previous experience in investing in financial products that allows them to assess:

- (i) the merits of subscribing for units;
- (ii) the value of units;
- (iii) the risks involved in holding the units;
- (iv) the investor's own information needs; and
- (v) the adequacy of the information given by me and Affluence Funds Management Limited (AFM).

Signature of financial services licensee/authorised representative

Date (day/month/year) / /

Application Form – Trust

This Form is for Trusts who have not previously invested in the Affluence Small Company Fund.

Complete this form using BLACK INK and write clearly within the boxes in CAPITAL LETTERS. Mark appropriate answer boxes with a cross (X). You should read the IM for the Fund in full before completing this Application Form.

If you have any questions, contact Affluence on 1300 233 583, +61 7 3532 4076 or invest@affluencefunds.com.au

PART 1 – INVESTOR IDENTIFICATION

If you have not invested in an Affluence fund previously, you must attach the required certified identification documents.

Has the applicant invested in an Affluence fund previously?

Yes, investor number:

No

For each individual trustee or at least one beneficial owner of a company trustee, please attach a certified copy of an original driver's licence, passport or other Identification Document. Additional documents may be required. Refer to page 4 of the Application Pack for more detail on required Identification Documents.

PART 2 – INVESTMENT AMOUNT & PAYMENT DETAILS

Minimum application is \$20,000 and thereafter multiples of \$1,000.

Investment amount: \$, , 0 0 0 . 0 0

For direct deposits, please ensure your name is included in the application payment reference. Units will not be allocated if the application payment cannot be identified and matched.

Please indicate which payment method you've used:

Cheque > Make payable to **AFFLUENCE FUNDS MANAGEMENT LIMITED ATF ASF APPLICATIONS**

Direct Deposit > Your Reference

Deposit funds to: Westpac, 260 Queen Street, Brisbane BIC/Swift Code: WPACAU2F
BSB: 034 001 Account No.: 586 192 Name: Affluence Funds Management Limited ATF ASF Applications

PART 3 – APPLICANTS DETAILS

Include the full names of all persons or companies that are trustees.

Provide a date of birth for individuals or an ACN / ABN for companies.

Provide the full residential address for each individual trustee or the registered office address for each company trustee.

Trustees details (full name of individuals or company)

Trustee 1

Trustee 2

Trustee 3

Date of birth or ACN / ABN

Trustees address (individuals residential address or company registered office)

Trustee 1

Trustee 2

Trustee 3

Company trustee principal place of business (if different from registered office)

Provide the Trust name

Trust Name

Provide the ABN and TFN of the Trust.

Trust ABN

Trust TFN

Provide the country in which the Fund was established.

In which country was the Fund established

Australia OR another country:

PART 3 – APPLICANTS DETAILS (cont'd)

Select any items which apply to the Trust and provide the required information.

<input type="checkbox"/>	Registered managed investment scheme	ARSN:	<input type="text"/>
<input type="checkbox"/>	Other regulated trust	Details:	<input type="text"/>
<input type="checkbox"/>	Other trust (e.g. family, unit, charitable)	Trust type:	<input type="text"/>

Do the terms of the trust identify the beneficiaries by reference to membership of a class?

<input type="checkbox"/>	Yes	Provide details of the membership class/es (e.g. unit holders, family members of named person, charitable purpose)	<input type="text"/>
<input type="checkbox"/>	No	How many beneficiaries are there?	<input type="text"/>

If you answered "No" to the question, include the full name and date of birth of beneficiaries.

Beneficiaries full names	Date of birth
<input type="text" value="Beneficiary 1 name"/>	<input type="text"/>
<input type="text" value="Beneficiary 2 name"/>	<input type="text"/>
<input type="text" value="Beneficiary 3 name"/>	<input type="text"/>

Provide the full residential address for each beneficiary.

Beneficiaries residential address	
<input type="text" value="Beneficiary 1 address"/>	
<input type="text" value="Beneficiary 2 address"/>	
<input type="text" value="Beneficiary 3 address"/>	

If Trust type is "Other trust" and there is a Company trustee, provide names of all Company directors.

Trustee company directors (if more than three, provide details on a separate sheet)	
<input type="text" value="Director 1"/>	
<input type="text" value="Director 2"/>	
<input type="text" value="Director 3"/>	

PART 4 – APPLICANT(S) CONTACT DETAILS (MUST NOT BE ADVISER DETAILS)

Please enter contact details, including phone numbers in case we need to contact you in relation to your application.

Adviser details are not acceptable unless your Adviser holds a power of attorney, a certified copy of which must be provided.

These contact details will be used for all correspondence.

All investment communication is emailed.

Preferred contact name(s)		<input type="text"/>	
Postal Address		Suburb	
<input type="text"/>		<input type="text"/>	
State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone		Home Phone	
<input type="text"/>		<input type="text"/>	
Mobile Phone		Facsimile	
<input type="text"/>		<input type="text"/>	
Email Address			
<input type="text"/>			

PART 5 – COMMUNICATION PREFERENCES

We usually send 1-2 emails per month including investment ideas and educational articles

Would you like to receive additional investment offers and information from Affluence?

 Yes No

Are you an Affluence Member?

 Yes No

If yes, please provide your login/email

If you are not already an Affluence Member, we will automatically register you. It's free for all Affluence investors and includes access to all our premium website content, investment ideas and Fund portfolio details.

PART 6 – ADVISER DETAILS

If you use a financial adviser, have them complete and sign this Section.

Adviser Name

Adviser Email Address

Licensed Dealer Name

AFS Licence No.

Adviser Company (if applicable)

Adviser Signature

Would you like your Adviser to receive copies of investment correspondence?

 Yes No

PART 7 – ADDITIONAL INVESTMENT ENQUIRER

If you would like someone other than the Contact or your Adviser to be able to enquire about this investment, please provide us with their details here.

Additional Enquirer Name

Company (if applicable)

PART 8 – DISTRIBUTION AND WITHDRAWAL PAYMENTS

You are required to provide Australian or New Zealand bank account details for electronic payment of distributions and withdrawals. Payment cannot be made by cheque. If no bank account details are provided, distributions will be automatically reinvested.

Would you like your distributions reinvested into the Fund as additional units?

 Yes No

Bank Name and Address

Account Name

BSB

Account number (including suffix for NZ applicants)

PART 9 – TAX STATUS

We are required to collect this information to satisfy legal requirements and to ensure correct amounts of withholding tax are deducted for foreign investors.

Are any of the applicants (including named beneficiaries, trustees or beneficial owners of a company trustee) citizens or residents of a country other than Australia for tax purposes?

 Yes No

If yes, complete the following and we may require you to provide additional information:

Name

Country of tax residency

TIN, GIIN or other Tax ID Number

PART 10 – DECLARATION AND SIGNATURES

I acknowledge, declare and agree that by signing this Application Form:

- I have received, read and understood the IM dated 1 April 2019 to which this Application Form applies and have received and accepted the offer to invest in Australia. I agree to be bound by the IM and the Constitution (each as amended from time to time).
- I am a wholesale client as defined in section 761G(7) or a sophisticated investor as defined in section 761GA of the Corporations Act. The information contained in the IM does not constitute financial product advice or a recommendation that the Fund is suitable for me, given my investment objectives, financial situation and needs. AFM has not given me a product disclosure statement or any other document that would be required to be given to me under Chapter 7 of the Corporations Act if this product were provided to me as a retail client and does not have any other obligation to me under Chapter 7 of the Corporations Act that AFM would have if the product were provided to me as a retail client.
- None of AFM or any other person guarantees the repayment of the amount invested in the Fund, the performance of nor any particular return from the Fund and I understand the risks involved in investing in the Fund.
- I have legal power to invest in accordance with this application and have complied with all applicable laws in doing so. All details provided in this Application Form are true and correct and I am over the age of 18 years. I indemnify AFM against any liabilities whatsoever arising from acting on any information I provide in connection with this application. If this application is signed under Power of Attorney, I declare that I have not received notice of revocation of the power.
- In the case of joint applications, the joint applicants agree that unless otherwise indicated on the application form, the investment will be held as joint tenants and either investor is able to operate the account and bind the other investor for future transactions.
- I acknowledge that AFM may be required to pass on information about me to comply with AML/CTF laws, FATCA laws and the CRS. I will provide AFM with all additional information and assistance AFM may request in order for AFM to comply with AML/CTF, FATCA and CRS laws. I am not aware and have no reason to suspect the monies used to fund my investment in the Fund have been or will be derived from or related to any money laundering, terrorism financing or similar or other illegal activities under applicable laws or regulations. I am not a politically exposed person or organisation for the purposes of the AML/CTF laws.
- I have read and understood the 'Privacy Statement' in the IM. Unless I inform AFM otherwise, I consent to all uses of my personal information contained under that heading.
- AFM and the Registry may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed, in good faith, to be genuine or to be signed by properly authorised persons. AFM and the Registry are authorised to accept and act upon any instructions in respect of this application and the investment to which it relates given by me by facsimile. I indemnify AFM and the Registry against any loss arising as a result of any of them acting on facsimile instructions.
- AFM reserves the right to reject any application and AFM is released and indemnified in respect of any loss or liability arising from its rejection of an application for any reason.
- I acknowledge that AFM or the Registry may supply my nominated adviser (if any) or their AFSL holder with information about my investment unless I instruct AFM not to do so.

Signatures

If the application is signed by more than one person, who can operate the account in the future?

Any to sign All to sign

Signature A

Date (day/month/year)
 / /

Full Name

Title (e.g. Trustee, Director-Trustee Company)

Signature B

Date (day/month/year)
 / /

Full Name

Title (e.g. Trustee, Director-Trustee Company)

CHECKLIST

- Have you:
- Completed and signed this application form
 - Attached a cheque or arranged a payment for the full application amount
 - Attached certified copies of Identification Documents if required (refer to Part 1 and the Application Pack)

Mail these items to:

Affluence Funds Management Limited
 GPO Box 112
 Brisbane QLD 4001

WHAT HAPPENS NEXT

- Application Forms, funds and Identification Documents must be received no later than the 25th of a month to be accepted for that month.
- We will contact you if further information is required. Once all information is received, we will email you a confirmation of receipt.
- Units are issued as at the 1st of the following month. We will email you a statement confirming your investment by the 10th of the following month.